



# Employment SECURITY

32 SOUTH MAIN STREET  
CONCORD NEW HAMPSHIRE 03301-4857

RICHARD S. BROTHERS, Commissioner  
DARRELL L. GATES, Deputy Commissioner

## TAX AND WAGE REPORT ADJUSTMENT FORM

(A separate form must be submitted for each quarter - This form can be reproduced)

EMPLOYER NAME:

ACCOUNT #

Quarter Ended \_\_\_\_\_

Request is hereby made for an adjustment to my account for the following reasons: \_\_\_\_\_

		1st Month	2nd Month	3rd Month
<b>CORRECTIONS - PART 1 (Tax Report)</b>	<b>Line 7</b>			

### CORRECTIONS - PART 1 (Tax Report)

Tax Report Line	Item	Amount Previously Reported	Correct Amount	Difference (+ or -)
Line 8	Total Wages			
Line 9	Excess Wages			
Line 10	Taxable Wages			
Line 11	UI Rate			
Line 12	AC Rate **			
Line 13	Total Tax Due			
* Interest should be calculated at 1% per month on total tax due			* Interest Due	
**For adjustments prior to 2002 do not use AC Rate			Balance or Credit Due	

### CORRECTIONS - PART 2 (Wage Report)

Social Security #	Employee Name	Amount Previously Reported	Correct Amount

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

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Telephone: (603)224-3311 Fax: (603)229-4323 Web: [www.nhes.state.nh.us](http://www.nhes.state.nh.us) TDD ACCESS: RELAY NH 1(800)735-2964